

Nationwide 9/11 Responder Health Program Still Not Up and Running

Monday, 08 September 2008

Washington, D.C. - Today, Reps. Carolyn Maloney (D-NY) and Jerrold Nadler (D-NY) released a letter they and Congressman Vito J. Fossella (R-NY) wrote to Health and Human Services (HHS) Secretary Michael Leavitt to express their concerns about ongoing delays in HHS's program to provide health care to 9/11 responders and others sickened by the attacks who live outside the metropolitan New York area. In June, HHS awarded a contract to Logistics Health Incorporated (LHI), a Wisconsin firm run by former HHS Secretary Tommy Thompson, to provide 9/11 medical monitoring and treatment services nationwide.

In their letter, a full copy of which follows, the lawmakers note that LHI's monitoring exams will begin at the earliest in September, rather than July as originally promised; that many, if not most, responders eligible for the program have yet to receive any information from LHI; and that sick responders are experiencing significant delays in getting appointments arranged, prescriptions filled, and phone calls returned.

"What's LHI been doing for the last three months? Tommy Thompson didn't make 9/11 health a priority when he was HHS secretary and his new firm appears to be following suit," said Rep. Maloney. "LHI was awarded millions in federal funding to provide monitoring and treatment, not silence and confusion."

"These men and women came from every state in the nation to aid in the massive rescue and recovery effort at Ground Zero, putting their health, and even their lives, in danger," said Rep. Nadler. "Time and time again, these first responders have been promised health care for their 9/11-related illnesses, but nearly seven years later, they can't get LHI to return their phone calls? The heroes of 9/11 have already waited too long for the comprehensive health care they deserve, and LHI's continued foot-dragging is outrageous."

They were joined today at a news conference today by:

James Melius, MD, Administrator, NYS Laborers' Health and Safety Health Fund & Chair, WTC Medical Monitoring and Treatment Program Steering Committee;

Micki Siegel de Hernandez, Health and Safety Director, Communications Workers of America, District 1; and

John Feal, Founder of the Fealgood Foundation and a 9/11 responder.

Background:

In March, the CDC announced a solicitation for sources to provide federally-funded medical monitoring and treatment to thousands of 9/11 responders who live outside metropolitan New York City. In June, the CDC awarded a \$14 million contract to LHI to provide these services.

The national 9/11 health program has been fraught with delays. In December 2007, the Administration suddenly announced that it was abandoning its initial plan to create the program. At the time, the CDC expressed concerns over the availability of continued funding, even though Congress was in the process of approving another \$108 million for 9/11 health care.

According to the federally-funded World Trade Center Health Registry, people from all 50 states and 431 of 435 Congressional districts nationwide were in lower Manhattan on or after 9/11 and now have serious concerns about their health. In all, more than 10,000 of the 71,000 people enrolled in the Registry live outside the tri-state area of New York, New Jersey and Connecticut.

Letter to Secretary Leavitt

September 4, 2008

The Honorable Michael O. Leavitt
Secretary of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Leavitt,

We respectfully write to express our continued concerns about the implementation of the program for World Trade Center (WTC) responders who live outside of the New York City metropolitan area (the so-called "national responders").

Since the recent dismissal of outstanding, former NIOSH director, Dr. John Howard, you have become more familiar with the WTC medical program and the fact that there have been repeated delays in making monitoring and treatment services available for national responders. These problems have been compounded

by the decision of your agency, last December, to cancel the procurement process for an outside contractor to manage this program. A more limited procurement process was initiated this spring and a contract was awarded to a Logistics Health Incorporated (LHI), a Wisconsin firm. At that time, we were assured that monitoring and treatment services for the national responders would be transitioned to the new contractor without any significant delay.

Unfortunately, these assurances appear to be another empty promise. Our offices have learned of repeated instances of problems with the implementation of the contract in addition to an apparent reluctance to share information about the transition to the new program with people representing the national responders.

A list of the problems are as follows:

The monitoring exams will not start until September, not July as originally promised.

Many, if not most, of the national responders have yet to receive any information from the new contractor about either the monitoring or treatment services.

Sick responders newly referred to the treatment program are experiencing delays in getting appointments arranged.

People currently receiving treatment are having trouble getting their prescriptions filled and other medical services from the new program. They are even having difficulty getting the new contractor to return their calls in a timely fashion.

Social services to provide assistance with worker's compensation and other critical issues are not yet in place.

Representatives of the responders who have asked for simple information such as copies of the sample letters that have been sent to explain the transition and the arrangements for the new services have not been provided that information.

These delays and other problems are not acceptable. We are therefore requesting a meeting with you as soon as possible to discuss what you are doing to address these problems and to provide these heroes the services that they deserve.

We also would like to obtain copies of the following documents:

Any letters, emails, or correspondence that has been sent out to responders from LHI that explains the transition and the arrangements for the new services.

Any communications between LHI and potential clinic service providers that explain program and costs.

Any
budget planning documents prepared by LHI that provide information on
projected spend rates and projected patient participation rates.

We look forward to hearing from you.

Sincerely,

CAROLYN B. MALONEY

JERROLD NADLER

VITO FOSSELLA